Title: Perinatal PCM at the USC School of Medicine: a collaborative formula that works for mothers and their children

Health department/organization: SC Department of Health & Environmental Control (SC DHEC)/University of South Carolina School of Medicine (USCSOM)

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Goal: Linkage to and maintenance of care for HIV-infected women

Program type: Case management

Collaborators: Other HIV/AIDS program staff; MCH partners

Background/Objectives

The goal of the University of South Carolina School of Medicine Perinatal HIV Prevention Case Management Program (USC PCM) is to ensure that pregnant women living with HIV and HIV-exposed infants access appropriate prevention interventions to reduce perinatal HIV transmission. Additionally, the program provides support services to women infected with HIV of childbearing age/capacity to improve access to appropriate treatment and prenatal care services. Intensive case management services are provided to pregnant women living with HIV. Often times these women experience complex psychosocial issues that complicate their abilities to adhere to recommended antepartum or postpartum therapy and/or care plans. Proposed objectives for 2004 included:

- 95% of referred, infected pregnant women will receive perinatal prevention case management services
- 95% of infected pregnant women will receive adequate prenatal care (as defined by MCH program)
- 95% of infected pregnant women that have chosen HIV therapy will keep their infectious disease appointments through beginning of PCM enrollment to term of pregnancy
- 100% of known HIV exposed infants, where medically appropriate, are started on their postpartum 6-week zidovudine (ZDV) prescription without any detrimental delay
- 100% of infants will receive pediatric infectious disease specialty consult prior to hospital discharge
- 100% of infants/families will keep their first 2 Ryan White Title IV pediatric infectious disease clinic appointments, within medically optimal time frame

Methods

Surveillance and prevention staff at South Carolina Department of Health and Environmental Control used prevalence and incidence rates of HIV-exposed infants to decide which areas of the state could most benefit from perinatal Prevention Case Management services. Columbia (Richland County area), Sumter, and Charleston were identified. A contract was established with the USC School of Medicine to serve Columbia and Sumter. In June 2001, USC PCM began providing services to individuals in the Richland County area.

Nancy Raley, MPH, Executive Director of the Midlands Care Consortium, a SC Ryan White Title II contractor, established a memorandum of understanding with the USC SOM department of Obstetrics and Gynecology to provide space and logistical support in the Palmetto Richland Obstetrics Clinic for a full-time perinatal PCM to provide case management services both face-to-face and via telephone. This OB clinic is a well-established provider that serves a large population of women at risk for HIV infection. The clinic receives most of its low income, high-risk pregnancy referrals from Richland County and 8 surrounding counties. On "high risk" clinic days the PCM case manger is present at the clinic for the mother's prenatal appointments. The PCM case manager delivers information, health education, counseling (to include posttest, adherence, risk reduction, and client-centered counseling), resource linkage, care coordination, and a wide variety of other psychosocial interventions based on need. The PCM case manger also conducts home visits.

Results

The program's success lies in the way it fits within and builds upon the existing Ryan White Title II, Title III & Title IV care systems. Private providers' access to HIV specialty care and services is enhanced as a direct result of placing the prevention case manager strategically in the high-risk Obstetrics and Gynecology Clinic. The prevention case manager serves as a bridge between different health service providers, such as obstetrics (OB), adult infectious disease (ID), pediatric infectious disease, the local health department, AIDS Service Organization (ASO) adult case management services, and local ASO support services. Since the prevention case manager is an employee of a Ryan White Title II consortium, she is also a member of the team that delivers adult ID and case management. Therefore, the prevention case manager has easy access to critical team members and resources and can facilitate services to women living with HIV/AIDS. For example, existing resource mechanisms such as Housing Opportunities for People with HIV/AIDS (HOPWA), emergency financial assistance, and transportation assistance (gas vouchers, bus tickets, and taxi) are inherent to the HIV care delivery system and readily available for use by the prevention case manager. Patient charts are documented detailing referrals, risk reduction counseling, and all other services negotiated. The prevention case manager coaches the women served about processes involved at each of the 3 arms of the antiretroviral care used to prevent perinatal transmission of HIV. Most women identified as HIV positive are identified during the course of a pregnancy in South Carolina. The women served report stigma and disclosure fears most frequently. Process education and individualized coaching affords the women opportunities to be prepared and empowered.

The prevention case manager teams with a Title IV consumer advocate (African American women living with AIDS and parents of an infected child) providing emotional support and information to any pregnant women living with HIV. The PCM administrator also coordinates with the Women's Resource Center, a community-based organization and Title II and Title IV partner that aims to support and empower women living with HIV. The center provides opportunities for pregnant women living with HIV to participate in private, individual, and group-level support activities with peers, many of whom have children in non-clinic settings.

At the state department of health level, the program coordinator of the SC Title IV Program also manages the HIV Perinatal Prevention Program. Given the Health Resources and Services Administration (HRSA) expectation of all Title IV programs to reduce perinatal transmission of HIV and to recruit and retain women living with HIV into care, the Title IV care team

and the prevention case manger work together to ensure a seamless continuum of care. Partners include outpatient OB, inpatient labor and delivery, hospital consultation with pediatric infectious disease specialist, hospital discharge, and admission to outpatient pediatric ID, the Title IV, and Title II care systems for both mother and child. Additionally, the Title IV state health department staff provide technical assistance to Maternal Child Health partners regarding the Title IV HIV care system.

Program success is evaluated using quantitative and qualitative case management data forms developed by the Centers for Disease Control and Prevention. Enrollment, demographic, output (services provided), and summary narratives describing interventions provided to the pregnant women living with HIV are provided by the prevention case manger to the program manager in an aggregate report. DHEC surveillance staff members collect data for outcome measurement and this data is provided to the surveillance program manager. The program managers analyze both data sets to ensure program objectives have been met. A total of 49 women living with HIV were provided prevention case management services, representing 56% of HIV-infected women who delivered a child in 2004.

Conclusions

All proposed objectives were met. The program evaluation provided critical insight into case management processes and areas have been highlighted for performance improvement. STD/HIV staff share updates of perinatal HIV outcome data and PCM program results with our Maternal and Child Health partners, who consider this information in conducting need assessments and planning service delivery systems for pregnant women and infants through the health department, to include Title X Family Planning and Perinatal Systems programs. Our greatest challenge has been to expand the use of HIV rapid testing in hospital labor and delivery units. This challenge involves multiple strategies including training, evaluation, and the use of Title IV network providers to promote HIV rapid testing practices and development of hospital policies. The perinatal prevention data also guides HIV/AIDS service delivery systems in the development of continuous quality improvement (CQI) plans for women, children and families.